

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

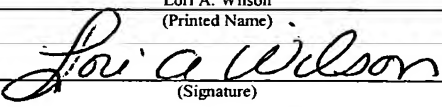
Applicant: Frye, Dale J.  
Title: CONFIGURABLE VEHICLE  
SEAT

Appl. No.:

Filing Date: 04/01/04

Examiner:

Art Unit:

<b>CERTIFICATE OF EXPRESS MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EV 431598430 US	04/01/04
(Express Mail Label Number)	(Date of Deposit)
Lori A. Wilson	
(Printed Name)	
	
(Signature)	

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Dale J. Frye  
2556 Mariner Cove  
Port Hueneme, California 93041

Enclosed are:

- ☒ [ X ] Specification, Claim(s), and Abstract (10 pages).
- ☒ [ X ] Formal drawings (2 sheets, Figures 1, 2).
- ☒ [ X ] Declaration and Power of Attorney (4 pages).
- ☒ [ X ] Assignment of the invention to Johnson Controls Technology Company.
- ☒ [ X ] Assignment Recordation Cover Sheet.

☒ Check in the amount of \$40.00 for Assignment recordation.

☒ Information Disclosure Statement.

☒ Form PTO-1449 listing 39 reference(s).

☒ Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00	=	\$770.00
Total	14	-	20	= 0	x		\$18.00	=	\$0.00
Claims:									
Independents	2	-	3	= 0	x		\$86.00	=	\$0.00
:									
If any Multiple Dependent Claim(s) present:					+		\$290.00	=	\$0.00
							SUBTOTAL:	=	\$770.00
<input type="checkbox"/>							Small Entity Fees Apply (subtract ½ of above):	=	\$0.00
							TOTAL FILING FEE:	=	\$770.00

☒ A check in the amount of \$770.00 to cover the filing fee is enclosed.

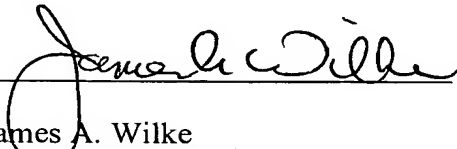
☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 04-01-04

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By 

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